

How IT Can Help Meet Meaningful Use Requirements


It's All About the Data...

FIHFMA Illinois Fall Summit
Terry Shaver
ExtraHop Networks
November 13, 2015





Learning Objectives for this Session

- Level Set On Understanding of Meaningful Use Data Requirements in Stage 3
- Identify Key Challenges and Obstacles Healthcare IT Faces
- Identify What Healthcare IT Needs to Successfully Mine Data for Meaningful Use Stage 3 and Other Initiatives




Let's Make This an Interactive Session

Please ask questions...I'll do my best to answer




Quick Survey: Why did you choose this session?

Assumption: You Know *Something* About Meaningful Use




Meaningful Use Stage 3 Data Requirements: A Level Set



Meaningful Use Stage 3: Key Data Requirements

To simplify Meaningful Use reporting in Stage 3, CMS proposes to require **eight overall** objectives with one or multiple measures per objective instead of the core and menu measure structure currently in place.

Objective	Associated Measures (Attestation or Threshold)
1. Protected Patient Health Information	EPs must attest YES to conducting the security risk analysis .
2. Electronic Prescribing (eRx)	More than 80% of all permissible prescriptions written by the EP are queried for a drug formulary. It is submitted electronically (C1487).
3. Clinical Decision Support (CDS)	EPs must satisfy both measures in order to meet the objective. <ul style="list-style-type: none"> • Measure 1 - Implement five clinical decision support interventions related to four or more CDSs at a relevant point in patient care for the entire DHI reporting period • Measure 2 - The EP enabled and implemented functionality for drug-drug and drug-allergy interaction checks for the entire DHI reporting period.



4.	Computerized Provider Order Entry (CPOE)	<p>An EP must meet all three measures in order to meet this objective:</p> <ul style="list-style-type: none"> Measure 1 - More than 80% of medication orders created by the EP during the EHR reporting period are recorded using CPOE. Measure 2 - More than 60% of laboratory orders created by the EP during the EHR reporting period are recorded using CPOE. Measure 3 - More than 60% of diagnostic imaging orders created by the EP during the EHR reporting period are recorded using CPOE.
5.	Patient Electronic Access to Health Information	<p>EPs must satisfy both measures in order to meet the objective:</p> <ul style="list-style-type: none"> Measure 1 - More than 80% of all unique patients seen by the EP (i) The patient (or patient authorized representative) is provided access to view, print, download, and transmit their health information within 24 hours of its availability to the provider; OR (ii) The patient (or patient authorized representative) is provided access to an ONC-certified API that can be used by third party applications or devices to provide patients (or patient authorized representative) access to their health information, within 24 hours of its availability to the provider. Measure 2 - The EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 30% of unique patients seen by the EP during the EHR reporting period.

6.	Coordination of Care through Patient Engagement	<p>EPs must attest to the numerator and denominator for all three measures, but would only be required to successfully meet the threshold for two of the three proposed measures to meet the objective:</p> <ul style="list-style-type: none"> Measure 1 - For more than 25% of all unique patients seen by the EP, actively engage with the electronic health record made accessible by the provider. An EP may meet the measure by either: (i) patient view, download, or transmit to a 3rd party their health information; or, (ii) patient access their health information through the use of an ONC-certified API that can be used by third-party applications. Measure 2 - For more than 35% of all unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient, or in response to a secure message sent by the patient. Measure 3 - Patient-generated health data or data from a non-clinical setting is incorporated into the certified EHR technology for more than 15% of all unique patients seen by the EP.
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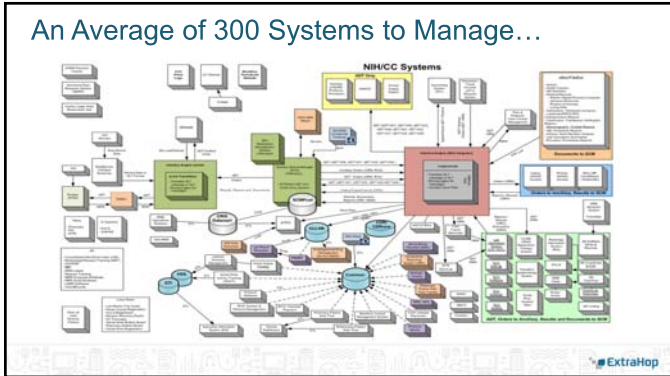
7.	Health Information Exchange (HIE)	<p>EPs must attest to the numerator and denominator for all 3 measures, but would only be required to successfully meet the threshold for 2 of the 3 proposed measures to meet the objective:</p> <ul style="list-style-type: none"> Measure 1 - For more than 50% of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care: (1) creates a summary of care record using CEHRT; and (2) electronically exchanges the summary of care record. Measure 2 - For more than 40% of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document from a source other than the provider's EHR system. Measure 3 - For more than 80% of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP, performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: Medication, Medication allergy, and Current Problem list.
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8.	Public Health and Clinical Data Registry Reporting	<p>Providers must attest YES to three of the following five measures:</p> <ol style="list-style-type: none"> Immunization Registry Reporting - The EP is in active engagement with a public health agency to submit immunization data. Syndromic Surveillance Reporting - The EP is in active engagement with a public health agency to submit syndromic surveillance data from a non-urgent care ambulatory setting for EPs. Case Reporting - The EP is in active engagement with a public health agency to submit case reporting of reportable conditions. Public Health Registry Reporting - The EP is in active engagement with a public health agency to submit data to public health registries. Clinical Data Registry Reporting - The EP is in active engagement to submit data to a clinical data registry.
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That's a Lot of Data...
And it's Often Difficult to Identify and Deliver

What is a Healthcare CIO
and His/Her Team to Do?

In light of...



A LOT of Mission Critical Challenges...

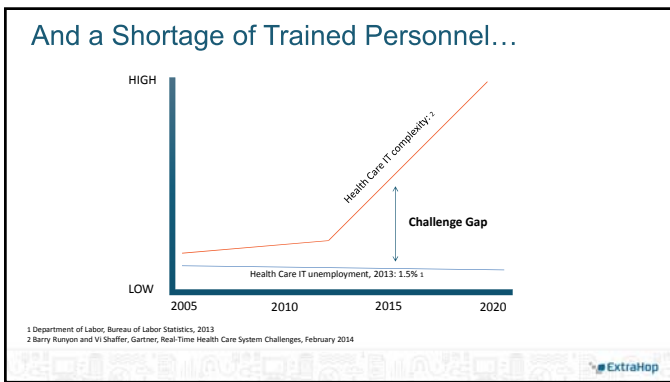
- Application rollouts
- Workflow optimization
- Analytics and Informatics

- Reducing costs
- Capacity planning
- Mergers and Acquisitions
- Patient satisfaction
- Effective coordination / collaboration
- Patient safety / mitigating risk
- Health Information Exchange (HIE)

Top Challenges Facing Healthcare CIOs

- Application integration
- Shadow IT
- Mobile and BYOD
- Vendor accountability
- Implementing and enforcing regulations
- Legacy decommissioning

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Simple Things are Not Simple...(Who Are You?)

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Alignment with Clinical / Business Partners

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System Convergence / Acquisition / Partnerships

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Vendor Convergence / Tech Convergence

Gartner
WHY GARTNER ANALYSTS RESEARCH EVENTS CONSULTING ABOUT

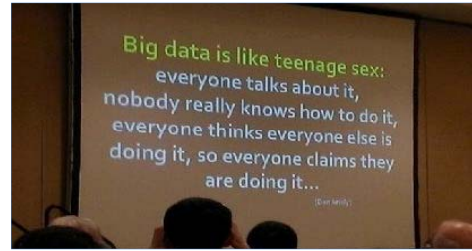
Best Practices for Healthcare CIOs When Strategic Vendors Are Acquired

16 October 2014 G00270340
Analyst(s): Robert H. Booz | Thomas J. Handler, M.D.

Summary
Healthcare technology companies often are acquisition targets; while there can be benefits for vendors, end-user organizations' experiences may be less positive. As acquisitions are commonplace, healthcare CIOs need the skills to deal appropriately with a change in ownership of a strategic vendor.

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Informatics / An Ocean of "Big Data"



Innovation / Mobile Health / Telehealth

Your Smartphone Will See You Now

From phone attachments that can diagnose an ear infection to apps that can monitor your mental health, a range of new high-tech tools promises to tilt health-care control from doctors to patients.

BY ERIC L. TRINGALI

OVER THE NEXT DECADE, smartphones have probably changed more aspects of our everyday lives than anything else, from banking to shopping to entertainment. And now, thanks to mobile digital technologies, they're changing our relationship with health care, too. From monitoring our health to diagnosing our ailments, smartphones are about to take over much of the doctor's job.

Some of the most exciting developments are already happening now. For example, a new app called *EarSense* can diagnose an ear infection by using a smartphone's microphone to listen to the sound of your voice. Another app, *EarSense*, can monitor your mental health by analyzing your text messages and social media posts. These apps are just the beginning of a new era of mobile health care.

As these tools become more common, they will change the way we think about health care. In the past, health care was a one-way relationship: doctors diagnosed and treated patients, and patients followed their instructions. But now, patients are taking more control over their own health. They are using apps to monitor their health, and they are using smartphones to communicate with their doctors. This is a major shift in the way we think about health care.

So, what does this mean for the future of health care? It means that we are moving from a doctor-centered model to a patient-centered model. Patients are taking more control over their own health, and doctors are becoming more like coaches. This is a major shift in the way we think about health care.

Security!

The Register
Data Center | Software | Hardware | Security | Business | International | Special Reports

Insurer tells hospitals: You let hackers in, we're not bailing you out

IT departments better pick up their game - like not leaving an FTP open to the world

28 May 2016 at 17:02, Simon Sturges

IT is NOT the Only Tough Job in Healthcare!


<p>ACCOUNTING + FINANCIAL REPORTING</p> <ul style="list-style-type: none"> • Audit and Internal Controls • Bad Debt and Charity Care Reporting • Quality and Cost Reporting • Benchmarking and Forecasting • Budgeting • Costing and Managerial Accounting • FASB and GASB Rules and Guidelines • Principles and Practices Board • Tax • Transparency 	<p>FINANCE + BUSINESS STRATEGY</p> <ul style="list-style-type: none"> • Benchmarking and Forecasting • Board Governance • Capital Finance • Capital Sources and Allocation • Enterprise Risk Management • Facilities • Healthcare Business Trends • Leadership and Communication • Physician Relationships • Strategic Partnerships, Mergers and Acquisitions • Strategic Planning • Treasury and Cash Management 	<p>LEGAL + REGULATORY COMPLIANCE</p> <ul style="list-style-type: none"> • Healthcare Legal • IRS Compliance • Medicaid • Compliance • Medicare • Compliance, RAC, OIG • Privacy and HIPAA • Dodd-Frank, HHS • Compliance 	<p>OPERATIONS MANAGEMENT</p> <ul style="list-style-type: none"> • Costing/Managerial Accounting • Labor Cost Management • Productivity and Process Improvement • Quality Improvement • Service Line Management • Staff Development • Supply Chain Management 	<p>PAYMENT, REIMBURSEMENT, MANAGED CARE + CMS AND MEDPAC</p> <ul style="list-style-type: none"> • Guidelines and Trends • Healthcare Reform • Managed Care • Medicaid Reimbursement • Medicare Reimbursement • Physician Management • Reimbursement • Pricing • Quality and Cost Reporting 	<p>REVENUE CYCLE</p> <ul style="list-style-type: none"> • Bad Debt • Billings and Collection • CDM, Charge Guidelines and Coding • Capture and Charitable Care and Financial • Operations and Other Technology • Revenue Cycle • Compliance • Directed Health Care • Denials Management • Patient Access • Self-Payment Collection 	<p>TECHNOLOGY</p> <ul style="list-style-type: none"> • Business Intelligence • Clinical Decision Support • Electronic Health Records • Operations and Other Technology • Revenue Cycle Technology • Technology ROI
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So, What Does the IT Team Need to Meet MU Requirements?

Strong, Stable Systems

A Secure Environment for Patient, Staff and Organizational Data

Practices and Products That Enable the Consistent Generation of Data



Lean IT Practices Can Help




LEAN HIT
Streamline operations; free-up resources; ask "Why?"

INTEGRATED APPROACH
Helping front-line workers do their jobs better than ever

PRODUCTIVITY
Up 20-40 percent; specific efforts can gain 50% efficiency

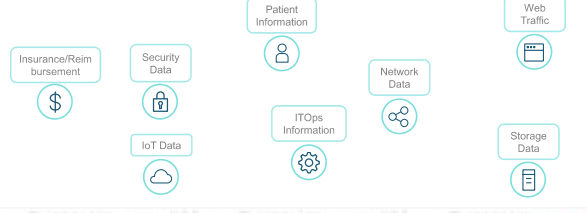



Meeting Meaningful Use Requirements Is All About Visibility Into the Data...



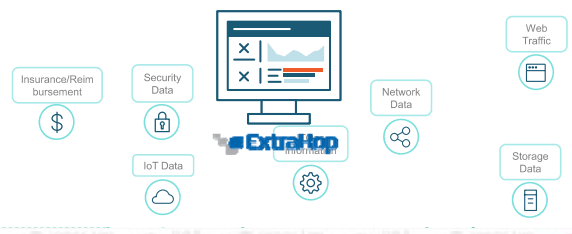

All Healthcare Transacts on the Network

By making use of their data-in-motion, healthcare organizations have a simple, low-friction way of extracting, transforming, and storing an incredibly rich, multidimensional data source that has previously been underutilized.


ExtraHop: Mine All Your Data-in-Motion

ExtraHop helps meet Meaningful Use requirements by transforming your data-in motion, at scale, and providing real-time and historical analytics

Wrap-Up

- Meaningful Use Stage 3 has very significant Data Requirements
- Healthcare IT Faces a Large Range of Key Challenges and Obstacles
- To Successfully Mine Data for Meaningful and Other Initiatives, Healthcare IT Needs:
 1. Strong, Stable Systems
 2. A Secure Environment for ALL Data
 3. Innovative Practices and Products



Speaker Contact Information

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